

Checklist for Basic Grant with Education/ Assessment Option Application

Use this checklist before mailing your application to ensure that you have taken all of the following steps. **Please include a copy of this completed checklist with your application package.**

- ☐ Listed the tribe or Alaska Native village or corporation as the name of the applicant. Please note that schools, tribal colleges, departments of education, and libraries are not eligible applicants, although they may be involved in the administration of this program.
- ☐ Completed the Face Sheet and included original signature of the authorized representative/authorizing official.
- ☐ Completed the Basic Grant with Education/Assessment Option Information Form.
- ☐ Completed Part A—Project Budget for 2006 Native American Basic Grant.
- ☐ Completed Part B—Project Budget for 2006 Education/Assessment Option (if requested).
- ☐ Included a three-year plan for the years 2007–2009.
- ☐ Included the **ORIGINAL AND ONE COPY** of the complete application package.

Face Sheet

OMB No. 3137-0029

01/31/2007

CFDA No. 45.311

1. APPLICANT ORGANIZATION

Legal Name _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ Congressional District _____
DUNS Number _____ Employer Identification Number (EIN/TIN) _____
Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____
Project Description _____

Grant Period Start Date _____ End Date _____

3. PROJECT DIRECTOR

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 5)

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

CONTINUE TO ITEM 5

5. TYPE OF APPLICANT: CHECK THE ONE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Education
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCUs)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Nondomestic (non-U.S.) Entity
☐ Other (specify)_____

6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001) ☐ I Agree

*Certifications and assurances are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____
 Last Name _____ Suffix _____
 Title _____
 E-mail _____ Phone _____ Fax _____

Signature of Authorized Representative/Authorizing Official

Date Signed

Basic Grant with Education/Assessment Option Information Form

Legal Name (from Face Sheet) _____

1. Organizational Unit (if different from Legal Name): _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip+4/Postal Code _____

Web Address http:// _____

2. Type of grant requested (check one):

☐ Basic Grant only (\$5,000)

☐ Basic Grant with Education/Assessment Option (\$6,000)

3. Institutional Profile

a. Number of hours per week the library collection is accessible to patrons: _____

b. Number of staff dedicated full-time to library operations: _____

Number of staff with part-time library duties: _____

If part-time, indicate percentage of time dedicated to library duties: _____%

c. Number of holdings (books, journals, media): _____

d. Number of circulation transactions per year: _____

e. Does library staff have access to the Internet? ☐ Yes ☐ No

f. Does the library provide public access to the Internet? ☐ Yes ☐ No

g. Amount of operating budget for library services in most recently completed fiscal year (include all sources): \$ _____

4. Identify which of the following activities will be supported by Basic Grant funds (check all that apply):

☐ Expand services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.

☐ Develop library services that provide all users with access to information through local, state, regional, national, and international electronic networks.

☐ Provide electronic and other linkages between and among all types of libraries.

☐ Develop public and private partnerships with other agencies and community-based organizations.

☐ Target library services to help increase the access and the ability to use information resources for individuals of diverse geographic, cultural, and socioeconomic backgrounds, for individuals with disabilities, and for individuals with limited functional literacy or information skills.

☐ Target library and information services to help increase the access and the ability to use information resources for persons having difficulty using a library, and for underserved urban and rural communities, including children from birth to age 17, from families with incomes below the poverty line (as defined by the Office of Management and Budget).

5. Maintenance of Effort

Check the appropriate response:

☐ FY 2006 expenditures will equal or exceed previous twelve-month grant period. Maintenance of effort is assured.

☐ FY 2006 expenditures will not equal or exceed previous twelve-month expenditure. Maintenance of effort is not assured.

☐ The tribe does not spend its own funds to support the library. Maintenance of effort does not apply.

6. Three-Year Plan

Include as a separate document a three-year plan for library services covering the years 2007–2009.

Part A—Project Budget for 2006 Native American Basic Grant

Please use the following table for the Basic Grant project budget. The total should equal \$5,000, no more and no less. **No indirect costs are allowed.** This table is available as a fill-in form at http://www.imls.gov/grants/library/lib_nat.asp. See the sample budget table below for guidance.

Spending Categories	Estimated Cost
1. Library Personnel	
2. Materials, supplies, and equipment	
3. Services	
4. Other	

Total: \$5,000

Sample Project Budget

Spending Categories	Estimated Cost
1. Library Personnel <ul style="list-style-type: none"> Library staff/tutor for after-school hours—\$9.00/hr x 5 hrs/week x 50 weeks = \$2,250 	\$2,250
2. Materials, supplies, and equipment <ul style="list-style-type: none"> New library books and magazine subscriptions New computer 	\$1,200 \$900
3. Services <ul style="list-style-type: none"> Storyteller events at the library—\$50 honorarium for five storytellers Training for graphic design for library newsletter 	\$250 \$100
4. Other <ul style="list-style-type: none"> Internet service provider fees—\$25/month x 12 months 	\$300

Total: \$5,000

Part B—Project Budget for 2006 Education/Assessment Option

The purpose of the Education/Assessment Option is to provide funding for tribal library staff to attend continuing education courses and/or training workshops on- or offsite, to attend or give presentations at conferences related to library services, and/or to hire a consultant for an onsite professional library assessment. Use the following table to describe how the Education/Assessment Option will be spent. The total should equal \$1,000. **No indirect costs are allowed.** This table is available as a fill-in form at http://www.imls.gov/grants/library/lib_nat. See the sample budget table below for guidance.

Spending Categories	Estimated Cost
1. Continuing education/training	
2. Travel to conferences, continuing education, and other library-related training	
3. Services of a professional librarian to conduct an onsite library assessment	
Total:	\$1,000

Sample Project Budget

Spending Categories	Estimated Cost
1. Continuing education/training <ul style="list-style-type: none"> Registration for state library conference 	\$100
2. Travel to conferences, continuing education, and other library-related training <ul style="list-style-type: none"> Travel to state library conference, hotel, meals 	\$300
3. Services of a professional librarian to conduct an onsite library assessment <ul style="list-style-type: none"> Site visit for collection assessment and report of recommendations 	\$600
Total:	\$1,000